



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ari V. Krish  
 Assignee: InsWeb Corporation  
 Title: System And Method For Optimizing And Processing Electronic Pages In Multiple Languages  
 Serial No.: 09/440,442 Filing Date: November 15, 1999  
 Examiner: Unknown Group Art Unit: 2755  
 Docket No.: M-8038 US

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 JUN 21 2001  
 Group 2100

San Jose, California  
 June 13, 2001

COMMISSIONER FOR PATENTS  
 Washington, D. C. 20231

## PRELIMINARY AMENDMENT AND REMARKS

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Technology Center 2600

Dear Sir:

The following Amendments and Remarks are submitted for entry into the above-referenced application.

AMENDMENTSIn the Claims

[Please add the following new claims:]

- Sub B1
1. (New) The method of claim 6 further comprising:  
 invoking a department process in response to the matching.
8. (New) The method of claim 7 further comprising:  
 determining a character set, the character set including the character set used by the  
 requesting computer.

06/18/2001 CCHAU1 00000077 192386 09440442

01 FC:203 90.00 CH  
 02 FC:202 40.00 CH



SKJERVEN  
MORRILL  
MACPHERSON LLP



Docket No.: M-8038 US

June 13, 2001

Commissioner For Patents  
Washington, D.C. 20231

Re: Applicant(s): Ari V. Krish  
Assignee: InsWeb Corporation  
Title: System And Method For Optimizing And Processing Electronic  
Pages In Multiple Languages  
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Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate); and
- (3) Preliminary Amendment And Remarks.

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- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below:

Technology Center 2600

**CLAIMS AS AMENDED (fees computed under 37 CFR §1.9(f))**

	<u>Claims Remaining After Amendment</u>		<u>Highest No. Previously Paid For</u>		<u>Present Extra</u>	<u>Rate</u>		<u>Additional Fee</u>
Total Claims	30	Minus	20	=	10	x \$ 9.00	\$	90.00
Independent Claims	4	Minus	3	=	1	x \$40.00	\$	40.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application						\$	
<input type="checkbox"/>	Fee for Request for Extension of Time						\$	
<b><u>Total additional fee for this Amendment:</u></b>							\$	<u>130.00</u>
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 19-2386 in the amount of						\$	<u>130.00</u>
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.							
<b>Total:</b>							\$	130.00

Express Mail Label No.: EL764880765 US

Respectfully submitted,

Marc R. Ascolese  
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